

Southend Health & Wellbeing Board

Agenda
Item No.

Report of
Simon Leftley, Deputy Chief Executive (People)
to
Health & Wellbeing Board
on
6th December 2017

Report prepared by: Marion Gibbon
Interim Deputy Director of Public Health

For information only		For discussion		Approval required	x
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The Southend-on-Sea Pharmaceutical Needs Assessment 2017

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1. To present the Southend-on-Sea Pharmaceutical Needs Assessment 2017

2. Recommendations

- 2.1 The Health and Wellbeing Board is asked to approve the Southend-on-Sea Pharmaceutical Needs Assessment 2017

3. Background

- 3.1 The provision of NHS pharmacy services is a controlled market. If someone wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list and must prove they are able to meet a pharmaceutical need.
- 3.2 The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under these Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA). The PNA tells us what pharmaceutical services are currently available and where we are likely to need changes in the future because of demographic or other changes.
- 3.3 NHS England (the national body responsible for commissioning pharmaceutical services) relies on PNAs to inform decision making, specifically regarding whether existing pharmaceutical services meet local need. The PNA is also used by NHS England to assess applications from applicants who want to

modify existing services or deliver new pharmaceutical services within the borough.

- 3.4 The Southend-on-Sea Health and Wellbeing Board discharged its statutory duty and published its first PNA on the 3rd of December 2014. Regulations require the Health and Wellbeing Board to revise and update the PNA every 3 years, or sooner should any significant changes occur that impact on the configuration or provision of local pharmaceutical services. In order to comply with its statutory duties, the Health and Wellbeing Board is required to publish an updated PNA by the 6th of December 2017. This is the closest date to the 3 year anniversary of the original publication.
- 3.5 The Health and Wellbeing Board should note the implications of an amendment to the National Health Service Pharmaceutical Services, Charges and Prescribing Regulations act (S.I. 2016/1077). This amendment came into force on 5 December 2016. It has led to a new regulatory process (an 'Excepted Application') termed a 'Consolidated Application'.
- 3.6 Consolidated Applications permit the merger of two pharmacy businesses, within the same Health and Wellbeing Board area, providing that this does not create a gap in the provision of pharmaceutical services. NHS England is required to notify the consolidated application and seek the views of the Health and Wellbeing Board. The Health and Wellbeing Board is required to give a view as to whether the application creates a gap in the provision of local pharmaceutical services. NHS England will only grant the application if the Health and Wellbeing Board confirms that there will be no gap in provision. If a consolidated application is approved the Health and Wellbeing Board must issue a supplementary statement stating the change and confirming that there is not a gap in provision. NHS England must refuse any applications by other providers to fill any alleged gap resulting from a closure of premises under a Consolidation Application, until the next revision of the PNA these are termed 'Unforeseen Benefit Applications'.

4. The Current Position

- 4.1 The Health and Wellbeing Board delegated authority to the Director of Public Health (DPH) to maintain and update the existing PNA. The DPH initiated this process and established a PNA Steering Group chaired by the Interim Deputy Director of Public Health. The terms of reference and membership of the PNA Steering Group were reviewed and approved by the Health and Wellbeing Board on 26 March 2017.
- 4.2 The PNA Steering Group has developed principles to support the HWB with making decisions in relation to consolidated applications. These principles have been applied to each locality to identify if any of Southend-on-Sea's localities are "vulnerable" to a gap. However, it is essential that any future consolidated applications are considered in their own right. The principles and analysis have been included in the PNA for guidance only. The PNA Steering Group Terms of Reference allow for the group to be reconvened to consider, and make recommendations to the HWB on any future consolidated application.

4.3 The formal consultation on the draft PNA has been undertaken in accordance with the Regulations. The consultation period ran from the 1 September 2017 to midnight on the 3 November 2017; this timescale exceeded the minimum 60 days required. The PNA steering group considered the consultation responses on the 14 November 2017. In addition, the PNA steering group agreed a number of amendments to the PNA which reflect a change in opening hours for one pharmacy (these hours changed during the consultation process). A report of the consultation is included in the PNA and full details of the responses received are detailed in Appendix J of the PNA. For the purposes of transparency, the report also notes the changes which have been made to the PNA to reflect the changes in pharmacy opening hours.

5. Health & Wellbeing Board Priorities / Added Value

5.1 Pharmacies are an important part of the healthcare system and contribute to the delivery of a number of Ambitions in the Health and Wellbeing Strategy.

6. Reasons for Recommendations

6.1 The PNA is a statutory document which must be published in accordance with the Regulations. The Health and Wellbeing Board is asked to note that the new PNA meets the requirements of the Regulations with respect to the content and the process followed. Taking this into account, the HWB is asked to approve the PNA ready for publication on the 6 December 2017.

7. Financial / Resource Implications

7.1 The cost of the development of the Southend PNA has been met from the public health budget. There may be an ongoing cost to maintain the PNA through the issue of supplementary statements; or to consider future consolidated applications.

8. Legal Implications

8.1 The relevant statutory framework is referred to in Section 3 of this report.

9. Equality & Diversity

9.1 Equality and diversity issues have been taken into account as part of the process of PNA refresh.

10. Background Papers

10.1 None

11. Appendices

The PNA document for approval (including Appendices A – J of the new PNA).

HWB Strategy Priorities

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)

c) Increased Personal Responsibility and Participation (sustainability)

<p>Ambition 1. A positive start in life A. Children in care B. Education- Narrow the gap C. Young carers D. Children’s mental wellbeing E. Teen pregnancy F. Troubled families</p>	<p>Ambition 2. Promoting healthy lifestyles A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse</p>	<p>Ambition 3. Improving mental wellbeing A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal</p>
<p>Ambition 4. A safer population A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s</p>	<p>Ambition 5. Living independently A. Personalised budgets B. Enabling community living C. Appropriate accommodation D. Personal involvement in care E. Reablement F. Supported to live independently for longer</p>	<p>Ambition 6. Active and healthy ageing A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions– support E. Personalisation/ Empowerment</p>
<p>Ambition 7. Protecting health A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p>	<p>Ambition 8. Housing A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution</p>	<p>Ambition 9. Maximising opportunity A. Population vs. Organisational based provision B. Joint commissioning and Integration C. Tackling health inequality (improved access to services) D. Opportunities to thrive; Education, Employment</p>